

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> South Bay AFL-CIO Labor Council Issues Account sponsored by South Bay AFL-CIO Labor Council			<b>Date of This Filing</b> 11/04/2004  <b>Report No.</b> LIE109-41102  <input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 01 (explain below)  <b>No. of Pages</b> 5	<b>Date Stamp</b>   Page 1 of 5	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> ( ) -		<b>I.D. NUMBER (if applicable)</b> 1243364			
<b>STREET ADDRESS</b>					
<b>CITY</b> San Jose	<b>STATE</b> CA	<b>ZIP CODE</b> 95125			

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b>			<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> Health Care Coverage Requirements Referendum			
<b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b>	<b>SUPPORT</b>	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b> 72	<b>JURISDICTION</b> STW	<b>SUPPORT</b> X	<b>OPPOSE</b>

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/28/2004	Office Supplies	\$2.04
11/01/2004	Food for Volunteers	\$210.01
11/01/2004	Food for Volunteers	\$56.19
10/25/2004	Office Supplies	\$23.29
10/31/2004	Office Supplies	\$70.59

Reason for Amendment:  
Amendment to correct missing  
information

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<b>CITY</b> San Jose	<b>STATE</b> CA	<b>ZIP CODE</b> 95125			

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/31/2004	Food for Volunteers	\$62.17
10/20/2004	Voter Data for GOTV Efforts	\$69.00
10/25/2004	Food for Volunteers	\$169.88
11/01/2004	Food for Volunteers + Office Supplies	\$374.49
10/28/2004	Food for Volunteers	\$9.09

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/31/2004	Food for Volunteers	\$14.80
10/28/2004	Food for Volunteers	\$41.09
11/01/2004	Food for Volunteers	\$129.09
10/28/2004	Food for Volunteers	\$41.16
10/28/2004	Phonebanks	\$199.84

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## 2. Independent Expenditures Made

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/31/2004	Phonebanks	\$89.32

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Amendment to correct missing  
information

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**CALIFORNIA**  
**FORM** **496**

NAME OF FILER

I.D. NUMBER (If applicable)

## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC  
 866/275-3772